Virginia Vital Events and Screening Tracking System VISITS Hospital and Rescreening User Access Request Form

NAME: Last E-Mail:		First User ID:	Middle Phone#:		
		ail address will not be approved for VVESTS/VISIT			
Hospital Name:					
Addr	ess:	City	State	Zip Code	
(Access	s will be associated with this address/f	facility ONLY)			
Worki	ing Title:		Date:		
Option	nal: Notary ID #:	No.	otary Expiration Date:		
	Role Name	Description of Job Function			
\boxtimes	BASIC_LOGIN	This role need be assigned to all use	ers of the application.		
	LICEDITAL MEADING	This role is used by hospital Virginia Early Hearing Detection Intervention and			
	HOSPITAL_HEARING	Education Program (VEHDIP) users.			
		This role is used by hospital Virginia	Congenital Anomalies Reporti	ing and Education	
	HOSPITAL_VACARES	System (VaCARES) users.			
	CCMV_SCREENING	This role is used by hospital congenital Cytomegalovirus (cCMV) screening users.			
	RESCREENING	This role is used by VDH approved screening site users.			
		1	The fold is assa by VETT approved screening site assis.		
SIGN	NATURES		_		
Emplo	oyee/Contractor:		Date:		
Supervisors will notify VDH of the termination of an employee by faxing this form to (804) 864-7721 with the below information completed. There-by terminating access to Virginia Vital Events and Screening Tracking System.					
Please terminate access of the aboundation Date:		ove user: Last Date of Access:			
MAN	AGEMENT APPROVAL:				
Supe	rvisor/Manager/Program D	Director			
Print !	Name: Last	First	Middle		
Title:		Phone #:	Email:		
Signa	iture:			Date:	
VDH APPROVAL:					
Division of Child and Family Hea				Date:	
For Program Questions please call 866-493-1090 Email; va_ehdi@vdh.virginia.gov					
VDH Application Help Desk Contact Information:					
Phone Number 804-864-7200 and select option 2					
FAX Number Email		804-864-7771 oim_webappshelp@vdh.virginia.gov			
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